



Office of Communications

Two Peachtree Street NW, Suite 22.365, Atlanta, Georgia 30303-3171 ~ 404-657-2254

Tobacco-Free Facts

On January 5, 2010, Georgia's seven state and regional psychiatric hospitals will go completely tobacco-free. Why?

1. It's good for the health of consumers and staff.

- **Psychiatric hospitals are health care facilities.**
 - Recognizing that, at least 41% of state mental health facilities nationwide prohibit tobacco use on their facility grounds.¹
- **Tobacco kills.**
 - People with mental illness die 25 years sooner than the general population, in no small part due to their higher than average use of tobacco.²
 - The smoking rate in Georgia overall is 19.5%. The smoking rate for people with mental illness nationally is more than twice that.³
 - Nearly 75% of people with substance abuse disorders or mental illness smoke.⁴
 - People with mental illness consume nearly half of all cigarettes in the U.S.⁵
 - Some studies also suggest that treatment staff in mental health and substance abuse facilities and programs are more likely to smoke than the general population: 30 - 40% as opposed to 20% in the general population.
- **Second-hand smoke kills.**
 - A study by the Institutes of Medicine found that cities that instituted smoking bans saw a reduction in heart attacks and heart disease from secondhand smoke of anywhere from 6 to 47%.⁶

2. It's good for treatment.

- **The role of treatment is to provide consumers with healthy, sustainable ways of coping with their illness.**
- **Smoking can interfere with the effectiveness and safety of medications.**
 - The byproducts of smoke stimulate the liver to metabolize antipsychotic medications quicker.⁷
 - That means smokers require higher doses to achieve the same therapeutic effects.
 - It also means they're at higher risk of side effects from those higher doses.⁸
- **No evidence of adverse effects.**
 - Although people with mental illness may face difficulties quitting smoking, studies have demonstrated that their symptoms DO NOT worsen when they're admitted into a tobacco-free psychiatric facility.⁹
- **Short-term v/s long-term benefits.**
 - Although smoking does provide a short-lived calming effect, long-term smoking abstinence has been shown to lead to a more lasting decrease in anxiety.¹⁰
- **Smoking is correlated with bad outcomes for people with schizophrenia.**
 - Research has shown that people with schizophrenia who are the heaviest tobacco users have poor long-term outcomes.¹¹

- They require more psychiatric services, more hospital admissions, and more injections of antipsychotic medications than non-smoking patients.
- Those most heavily dependent on nicotine have the highest proportion of hospital admissions.¹²
- People with schizophrenia begin smoking on average eight years BEFORE their first symptoms appear.¹³

3. It's good for the safety of staff and consumers

- **Results is positive behavioral changes.**
 - State mental health facilities that went completely tobacco-free reported a decrease in behavioral problems related to smoking, decreased violence, and increased staff satisfaction after the tobacco bans.¹⁴
- **Does NOT result in often expected negative changes.**
 - No increases in aggression, use of seclusion, discharges against medical advice, or increased use of as-needed medications for agitation have been documented following smoking bans – especially where the bans covered the entire facility premises.¹⁵
- **Reduces aggression.**
 - One hospital that tracked physical and verbal aggression before and after their tobacco ban found verbal aggression decreased 45% and physical aggression decreased 50% in the first few months after the ban.¹⁶
 - The same hospital found that incidents of aggression continued to decrease every year, resulting in a significant decrease in staff injury rates for four consecutive years.
- **Smoking is correlated with suicide risk.**
 - Among people with severe depression, it's been shown that smokers are twice as likely to have attempted suicide than nonsmokers and that smokers are at a 43% greater risk of suicidal thoughts.¹⁷

¹ 2006 survey by the National Association of State Mental Health Program Directors (NASMHPD)

² National Association of State Mental Health Program Directors (NASMHPD), *Tobacco-Free Living in Psychiatric Settings*, 2007

³ Centers for Disease Control, Morbidity and Mortality Weekly Report, Vol. 58 No. 44, November 13, 2009

⁴ NASMHPD 2007

⁵ ibid

⁶ Institute of Medicine, *Secondhand-smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*, 2009

⁷ Hiral D. Desai, Julia Seabolt & Michael W. Jann, *Smoking in Patients Receiving Psychotropic Medications: A Pharmacokinetic Perspective*, 15 CNS Drugs 469, 470 (2001).

⁸ Jose De Leon, Scott C. Armstrong & Kelly L. Cozza, *The Dosing of Atypical Antipsychotics*, 46 Psychosomatics 262, 265–66 (2005).

⁹ Cedric M. Smith et al., *Obligatory Cessation of Smoking by Psychiatric Inpatients*, 50 Psychiatric Services 91, 94 (1999); Ellen Haller, et al., *Impact of a Smoking Ban on a Locked Psychiatric Unit*, 57 J. Clinical Psychiatry 329, 332 (1996).

¹⁰ Robert West & Peter Hajek, *What Happens to Anxiety Levels on Giving Up Smoking*, 154 Am. J. Psychiatry 1589, 1589 (1997).

¹¹ Ciara Kelly & Robin G. McCreadie, *Smoking Habits, Current Symptoms, and Premorbid Characteristics of Schizophrenic Patients in Nithsdale, Scotland*, 156 Am. J. Psychiatry 1751, 1752 (1999)

¹² M. Carmen Aguilar et al., *Nicotine Dependence and Symptoms in Schizophrenia: Naturalistic Study of Complex Interactions*, 186 Brit. J. Psychiatry 215, 215 (2005)

¹³ S. Levander et al., *Nicotine Use and Its Correlates in Patients with Psychosis*, 116 ACTA Psychiatrica Scandinavica 27 (2007)

¹⁴ 2006 NASMHPD survey.

¹⁵ Grant T. Harris et al., *Effects of a Tobacco Ban on Long-Term Psychiatric Patients*, 34 J. Behavioral Health Services & Res. 43, 44 (2007)

¹⁶ North Texas State Hospital in Wichita Falls, Texas. John Quinn et al., *Results of the Conversion to a Tobacco-Free Environment in a State Psychiatric Hospital*, 27 Admin. & Pol'y Mental Health 451 (2000)

¹⁷ Antti Tanskanen et al., *Smoking and Suicidality Among Psychiatric Patients*, 155 Am. J. Psychiatry 129, 129 (1998)